

BOARDING HOME POLICIES AND PROCEDURES ATTESTATION

declares and states as follows:

(PRINT NAME)

1. I am the Administrator/designee of _____ and I make this
(NAME OF BOARDING HOME)
declaration based on personal knowledge and certify that I have been duly authorized by the Boarding Home to make the representations stated herein.
2. I hereby certify that _____ has developed and will implement the
(NAME OF BOARDING HOME)
policies and procedures necessary to:
 - Maintain or enhance the quality of life for residents including resident decision making rights and mandated reporting requirements;
 - Provide the necessary care and services for residents, including those with special needs;
 - Safely operate the boarding home; and
 - Operate in compliance with applicable state and federal laws including, but not limited to, chapters 7.70, 1.88, 11.92, 11.94, 18.20, 18.79, 69.41, 70.122, 70.129, and 74.34 RCW, and any applicable rules promulgated under these statutes.
3. I also certify that these policies and procedures agree with all of the laws and rules that apply to the boarding home and the boarding home operations. At a minimum the policies and procedures cover all of the care and services the boarding home provides including but not limited to the following:
 - a) Mandated reporter requirements: specifically including the protection of residents, investigations of incidents, required notification and non-interference with the reporting requirements.
 - b) Resident decision making, including advance directives.
 - c) Emergency care of residents and medical emergency issues.
 - d) Lack of a resident's personal physician or health care provider.
 - e) Supervision of residents, including accounting for residents who leave the premises.
 - f) Response to residents' challenging behaviors.
 - g) Resident Assessment and ongoing monitoring of resident condition.
 - h) Coordination of services and sharing resident information with outside resources.
 - i) Receipt and response to resident grievances.
 - j) Staff qualifications and background checks.
 - k) Urgent situations requiring additional staff support.
 - l) Emergency preparedness, including internal and external disasters.
 - m) Medication management and systems.
 - n) Nursing services, including nurse delegation.
 - o) Food services.
 - p) Safe operation of boarding home vehicles used to transport residents.

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

Dated: _____ in _____
CITY STATE

SIGNATURE

TITLE

PRINT NAME

DATE